

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063362

1. Entity Name

PMK, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90025 002 ***150.00

Principal Place of Business

Mailing Address

777 NORTHWEST 72ND AVENUE
SUITE 2K1
MIAMI FL 33126

777 NORTHWEST 72ND AVENUE
SUITE 2K1
MIAMI FL 33126-3017

2. Principal Place of Business

3. Mailing Address

405 N Hibiscus Dr.

405 N Hibiscus Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

210

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

65-0851408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUFDERMAUR, PIA M
777 NW 72 AVE
SUITE 2K1
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

405 N Hibiscus Dr. #210

City

Miami Beach

FL

Zip Code

33140

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Pia Maria Aufdermaur - Pres.

2/4/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
AUFDERMAUR, PIA M
777 NORTHWEST 72ND AVENUE
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
405 N Hibiscus Dr. #210
Miami Beach FL 33140 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pia Maria Aufdermaur 2/4/00 305-672-9365

CR2E034 (9/99)